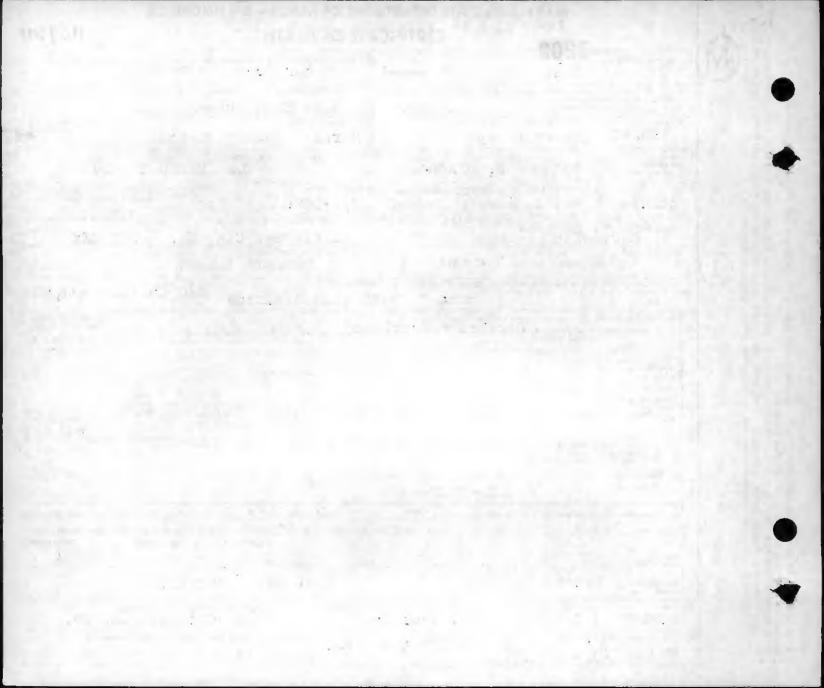
certificote be

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE I. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTKent p. COUNTY o. STAT MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fawn) RURAL and give nearest taw Worton Lowoods Worton d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? OR INSTITUTION home YES NOW NAME OF 4. DATE Middle Last Month Day Year DECEASED Lewin death. (Type or print) 19 IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months ofter Days male COLOREDVIDOWED DIVORCED YES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS 12. CITIZEN OF WHAT COUNTRY? during most of watking life, even if retired) various 13. FATHER'S NAME .⊆ Ada 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Ua Foreman Worton. 20 18. CAUSE OF DEATH | Enter only one cause per line far (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY: DUE TO Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day. Year (Caunty) (State) factory, street, office bldg., etc.) Hour o. m. While Not while at wark at wark p. m. 1961 , that (1) (we) lost 21. I certify that (I) (this haspital) attended the deceased from. sow the deceased alive on , and that death accurred at M, fram the causes and on the date stated above. 2 22a. SIGNATURE AM 22b. DATE SIGNED MED. ATTENDING STAFF PHYS PHYS. M.D. DIRECTOR 22d. ADDRESS

23c. NAME OF CEMETERY OF CREMATORY Jountain (emetery)

hestertown.

Rock Hall, Marylane

25a. REC'D BY REGISTRAR MAR 1 3 '61

DATE

Worton.

25b. REGISTRAR'S SIGNATURE

Chilms & House

pletely papers. hours puo carbon 2 physician гетаме othending pleose the þ permit. signed physician. burial-transit been attending certificate the detached DIRECTOR: pla FUNERAL page 3 sh the State m 0

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Pages

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12

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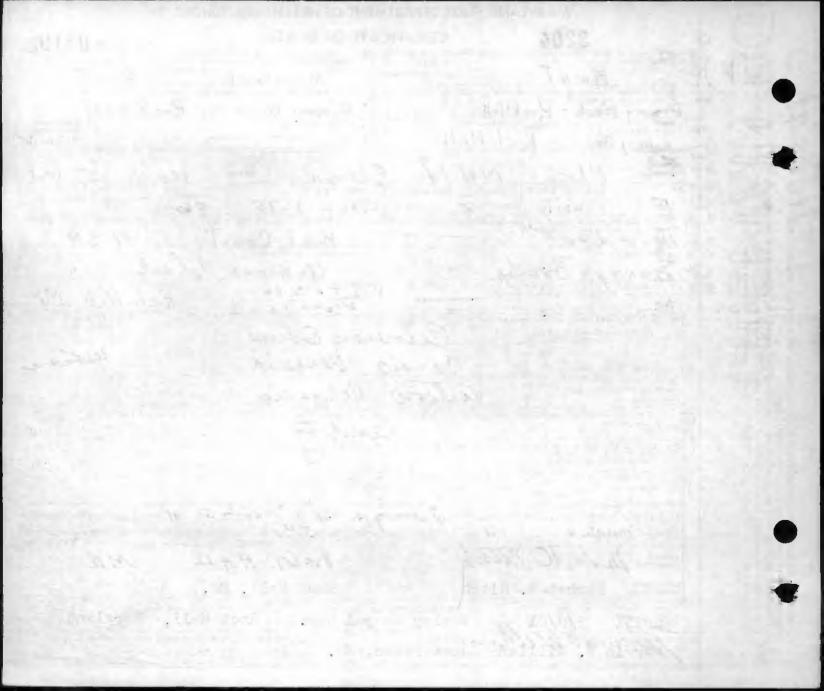
BURIAL CREMATION.

24. FUNERAL DIRECTOR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 3205

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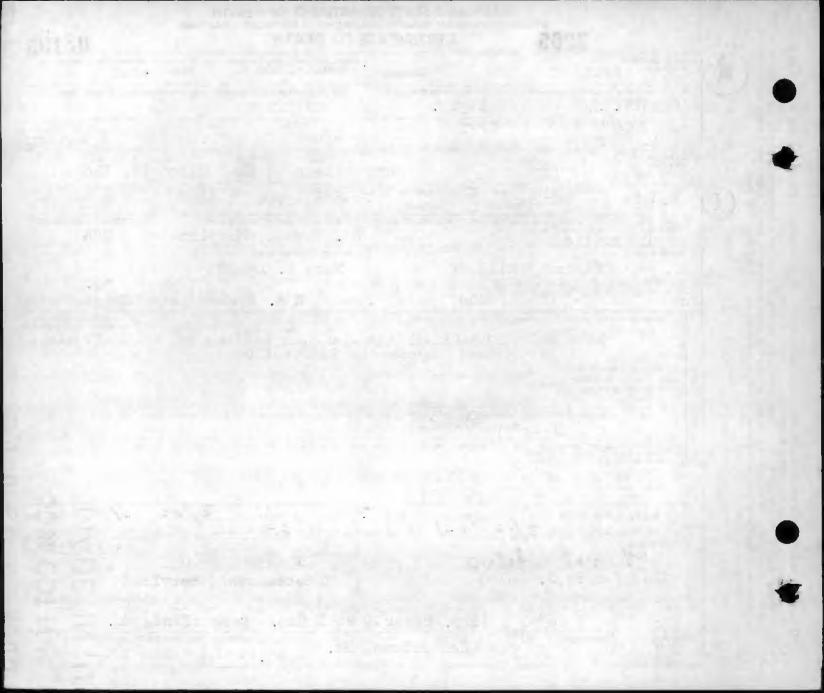
		UNUU						
	LACE OF DEATH	ent	MARYLAN	o. STAMATY L	here deceased lived. If instituting b. COUNTY	ian: Residence bef		
ь	Chester	(If autside carporate limits, write town)	c. LENGTH OF STAY IN 1		c. CITY OR TOWN (If outside corporate limits, write RURAL or Chestertown RFD			
C	OR INSTITUTION AT HO	TAL (If not in haspital, give str	reet address)	d. STREET ADDRESS RFD			e. IS RESIDENCE ON A FARMY YES NO	
E	NAME OF DECEASED Type or print)	Annä	Middle G	rabenstein	4. DATE Moror Moror Moror Moror Moror Moror March		961 Year	
S. S	female	6. COLOR OR RACE 7. N	MARRIED NEVER MARRIED OWED DIVORCED	" Line 8. 19	9. AGE (In years birthday) yrs.	Months Days	Hours Min.	
	Hous		106. KIND OF BUSINESS OR IN	git. Savag	e, Maryland		SA	
13. 1	FATHER'S NAME	Clifton E	lliott	Mary C.				
(Yes,	WAS DECEASED EVI	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		7. INFORMANT	al .		d. stertown	
Z	Conditions, if a gove rise to couse (a), stating lying couse lost.	the <u>under-</u> DUE TO (c)	Acute Myoca	rdia infarac		WEST IN DARK ICA	1 hour	
CERTIFICATION	20a. ACCIDENT W	O besit	Obesity DESCRIBE HOW INJURY OCCU			YEN IN PART I(0)	PERFORMED?	
	OR CONTRIBUTING (IF EITHER, NOTIFY 20c, TIME OF INJU- Hour a. m. p. m.	G CAUSE OF DEATH  / MEDICAL EXAMINER)  RY Month, Doy, Year 20	1	PLACE OF INJURY (Home, for factory, street, office bldg., et	m, 20f. (City or town)	(County	y) (State	
	21. I certify that (1) (this haspital) attended the deceased fram 3/12 1961, ta 5/12, 1961, that (1) (we) las saw the deceased alive an 3/12 1961, and that death accurred at 27M, fram the causes and an the date stated above							
	220. SIGNATURE	mas fo	lona	M.D. PHYS.	AED. STAFF		13/61 DATE	
	22c. PHYSICIAN'S	homas/J. So	lon	22d. Appress	rtown , Mary	land		
23a.	BURIAL, CREMATIC BEMOVAL (Specify BULLAT	3/16/61	Sts. Pete:	y or crematory  c & Paul Cem		nd, Md.	(State)	
24.	HUMIERAL DIRECTOR	SIGNATURE DO	Chesterto	wn Md		ISTRAR'S SIGNATI		

DHOSPAL OR ATT ING PHYSICIAN: The low requires that the death certificate be executed within 24 may be, Sined by the spitol or attending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled populate as should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 the State Board of Hallth prior to burial, cremation, or removal, and in any event, within 72 hours after death. may be TO FUNER AL VR A1S (4) 1SM 9/59

and 2 should be filed with

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RTIFICATE OF DEATH

		DIVISION OF	STATISTICAL
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LACE OF DEATH		1 tem	O Film
	Kent		
CITY OR TOWN	Of autoide carno	esta limits write	C LENIGTH O

G282 31 - DEVAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY

MARYLAND Maryland Kent CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) LENGTH OF STAY IN 16 days Chestertown Chestertown d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES RO Kent & Queen Anne's Hospital NAME OF 4. DATE First Middle Month Day Year Last DECEASED 3 DEATH 8 (Type or print) Rose Beck 19 6] Groves 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX B. DATE OF BIRTH 9 AGE (In years last birthday) Months Days Female White DIVORCED [ WIDOWED T yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) Housewife Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Margaret F. Beck 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 8 No Rock Hall John Groves. son INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Canditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (State) Day, Year (County) factory, street, office bldg., etc.) Haur a.m. While Nat while at work at wark p. m. 21. I certify that (1) (this haspital) attended the deceased fram. \_ I that (I) (we) last , and that death accurred at ? 36M, from the causes and on the date stated above. saw the deceased alive on.

22a. SIGNATURE

ATTENDING DIRECTOR [ M.D. PHYS. 22d. ADDRESS

SIGNED

(State)

22c. PHYSICIAN'S NAME (Type)

EEFE, MIC St. of Paul Cometer

CHESTERTOWN, 23d. LOCATION (City, tawn, or county)

STAFF PHYS.

Chestertown. Md.

L CREMATION, 24. FUNERAL DIRECTORIS/SIGNATURE

Chestertpwn, Md.

Cemetery

25a. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

director should be the 7 C Filled Poges death. ofter popers. hours puo pgu 2 9 physician within remove attending pleose any 63 puo á permit. removal, signed physician. **burial-transit** peen 5 crematian, has ohtending certificate The 20 buri 5 950 this 0 pital After detached AL DIRECTOR: Board shauld poge 3 sh FUNER 0

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The will always mean a and 22 Place 2 22 1/33/19 72 LIGHT BOOKSTA o'themself done is excised agent of about of the control of the - Arthresis Comment of the Control o

MEDICAL EXAMINER'S CERTIFICATE OF DEATH IFALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceesed lived, if Institution, Residence before admission) ral director. Page d for your files. Board of Health, a. COUNTY **b.** COUNTY Maryland MARYLAND Kent b. CITY OR TOWN (if outs de corporeta limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) Chestertown (Rural) Yrs. Chestertown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? with the State B Hosp. YES NO T Morgnec Road Kent & Oueen Annes 3. NAME OF M ddle 4. DATE DECEASED (Type or print) DEATH DAVID March 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 19. AGE I'm yaers HE UNDER 1 YEAR IF UNDER 24 HRS. s 1, 2, and 3 1 bage 5 may to 1 and 2 with n 72 hours a B. DATE OF BIRTH last birthday) | Months | Days WIDOWED [ DOWED DIVORCED January 27, 1914 4 Male 10e. JSUAL OCCUPATION Great kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Welder Kennedyville, Kent, Md, USA Steel Roofing rould be executed within 24 hour in pencil in Item 18, Give Pages pages 1 within 13. FATHER'S NAME Charles H. Hurd Mary Anita Watts Office along with form burial-transit permit, File noval, and in any event 15. WAS DECEASED EYER IN J.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivawerordetesofservica) 18. CAUSE OF DEATH [Enlar only one cause par line for (e), (b), end (c).] ONSET AND DEATH PART I DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Bullet wound, chest, with internal injuries to vital structures contained therein of 30 minutes presently unknown extent-(e), stating the undarlying execute the certificate, writing the word "pendin Id be forwarded to the Chief Medical Examiner' IERAL DIRECTOR: Page 3 should be used as cause last. part if other significant conditions contributed in an altercation with his son we said to have been drunk, and to have threatened him with a shotgun performed. whereupon his son shot him with a 22 caliber derringer at PRIMARY TO 10 CONTR.BUTING CLOSE range CLOSE range 20c. TIME OF INJURY Month, Day, Year , 20d. INJURY OCCURRED 20s. PLACE OF .NJURY (Home, ferm, 20f. (City or town) (County) (State. Not While\_ fectory, street, office bidg , atc.) Whila al work at work should be forwarded to the FUNERAL DIRECTOR: Pa Chestertown Kent home 21. I certify that I took charge of the remains described above, held an Autopsy. Inspection Inquiry I and in my opinion death resulted from: Natural causes Suicide Homicide -Undetermined manner Accident | | CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Robert W. Addrass (Streat, city, town, or county) 22d. LOCATION (City, Chesterbown .... Kent 220. BURIAL, CREMATION, 226. DATE THEREOF 1 226. NAME OF CEMETERY OR CREMATORY Md. REMOVAL (Specify) Chester Cemetery ± 40 Chestertown. Md. 248. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE AT5ME Chestertown, Md. MAR 6 arthur S. Hroug 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 3208 CERTIFICATE OF DEATH

03196

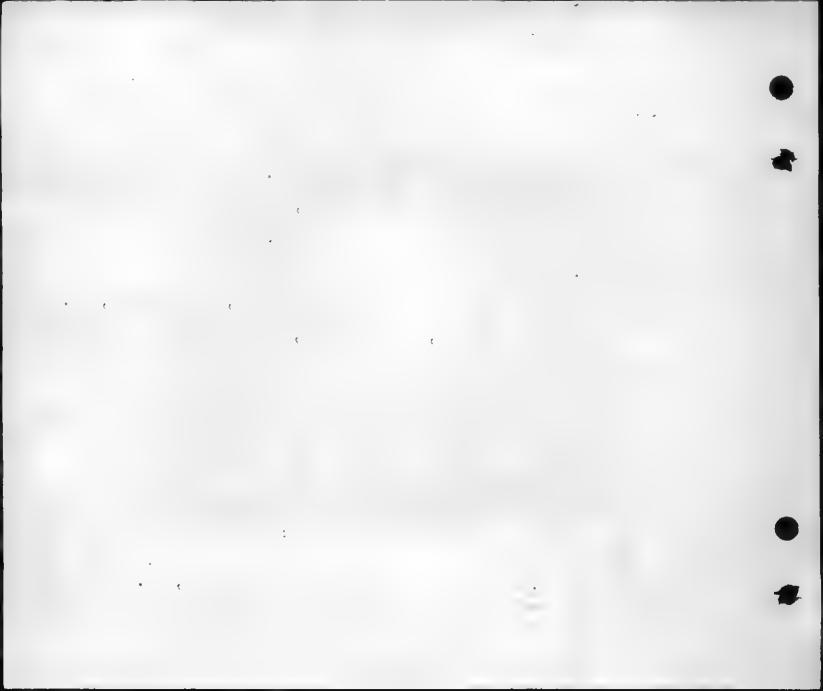
	PLACE OF DEATH					2. USUAL	RESIDENCE	(Where decease	d lived. If instituti	on: Residen	ce befare	e admiss on)
	o. COUNTY	Vent		MAR	(LAND	a STATI		vland	b. COUNTY	Que	en .	Anne -
- 1		outside carporate limits,	write	c. LENGTH OF STAY	IN 1b	c CITY			orate limits, write R			est fown)
	RURAL and give ned			61 ho	urs		Sud	llersvi	lle			
_	J. CAME SETIESTITE	L (If not in hospital, give	street o	oddress)	410	d. STRE	ET ADDRES					IS RESIDENCE
	OK INSTITUTION	ueen Anne							1	1		YES NO
-			<u>D</u>	625 1.16		<u> </u>		La Dave				
	NAME OF DECEASED	First TABRES		Middle ALBE		TOT	VES, J	R. DATE OF DEATH	Mor Ma	rch	21 Doy	1961
	(Type or print)	JAMES						Tra DEVIN			1 VEAD	IF UNDER 24 HRS
5 5				ED NEVER MARRI		B. DATE OF	3 3	1055	9. AGE (In years lossbirthdoy)	Manths	Days	Hours Min
_	Male	1111111	VIDOWE	<del></del>		Sept	وشت	エタンン	yrs.			
10a	USUAL OCCUPATION during most of working	N (Give land of work do ng life, even if retired)	ne 10b !	KIND OF BUSINESS (	OR INDUS	TRY 11. BIR	THPLACE (S	tote or foreign o	ountry)			WHATCOUNTRY
						_ De	elawa	ire			USA	
13.	FATHER'S NAME						ER'S MAID					
	James	A. Jone	5			Eth	el Wo	rrell				
		IN U. S. ARMED FORCE f yes, give wor or dates of serv		SOCIAL SECURITY NO	).   17. IN	FORMANT			Add	ress		
1.0	no	r yes. gree war or oures or serv	ice)		He	spit	al Re	ecords,	Cheste	ertow	n, i	Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ]											
		*				unkn	O.WITO	Probah	olv Vira	1	ONS	ET AND DEATH
	IMMEDIATE CAUSE (o) TIE CHINOTILA, 1990 CHINOTILA,											
	1413	OUE TO										
Conditions, if any, which (b)												
	gove rise to immediate cause (a), stating the under-											
	lying cause lost.	(c)_										
Z	PART II. OTHI	ER SIGNIFICANT CONDI	TIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATE	D TO THE T	ERMINAL DISEAS	SE CONDITION GI	VEN IN PAR	T 1(a) 19	PERFORMED?
ZATI												YES NO
CERTIFICATION	20g ACCIDENT WAS UNDERLYING T											
CER	OR CONTRIBUTING	MEDICAL EXAMINER										
	20c TIME OF INJURY		20d IN	UURY OCCURRED	20e. PL	ACE OF INJU	IRY (Home	form, 20f. (Cit	v ne town)	10	County)	(Stote
WEDICAL	Hour o.m.		While	Nat while	for	lory, street,	office bldg.	, etc.)	,	,,		(5.0.1
ž	p. m.	19	_	ot work	<u> </u>			i				
	21 I certify that (1) (this haspital) attended the deceased from 3/20 1961, to 3/2 1961 that (1) (we) last											
	saw the deceased alive an 3/21 1961, and that death accurred as 5 51AMpm the causes and on the date stated above											
220. SIGNATURE										22b DATE		
	X fex / Jone "						IDING	MED DIRECTOR	STAFF PHYS	3/21	/10	61 SIGNE
	22c PHYSICIAN'S 22d ADDRESS								C/L			
	NAME (Type)ROBERT W. FARR Chestertown, Md.											
22	RUDIAL CREMATION	N, 23b, DATE THEREOF		23c. NAME OF CEN	LETERY A	P CPEMATO	PY	23d LOCA	TION (City, tawn,	or country		(State)
_	REMOVAL (Specify)											
	Burial FUNERAL DIRECTOR'S	March 23	1961	Sudlersvi	TTE	Cemet			ersville,	STRAR'S SIG	CHIATHE	Md.
24.	O C	м м м			-		,0	REC'D BY REGIS				
	auin I.a	J. Clou	00	Milling	Lesh	. 1110	DATE	MAR 2 7 '6	1 ().	Thurs &	House	A

may by the spital or attending physician.

Deform a lined by the spital or attending physician.

Deform a lined by the spital or activities has been signed by the attending physician one smanpletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave corbon pages. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. G PHYSICIAN: The law requires that the death certificate be executed within 24 may be VR A1E (4) ISM 9/59

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I vad. If institution; Residence, before edmission) Kent 956 Maryland Kent Kent MARYLAND director. r b CITY OR TOWN (if outs'de corporate l'imits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If oulside corporete limits, write RURAL and give nearest town) for your Chestertown mears Chestertown Board d. NAME OF MOSPITAL OR INSTITUTION (if not in hospita, give street eddress)

Scotts

Point I within 24 hours after death. It is within 24 hours after death. It is give Pages 1, 2, and 3 to the vineral diffusion PM3. Page 5 may be retained for rmit. File pages 1 and 2 with the State Boar emit. File pages 1 and 2 with the death. d. STREET ADDRESS e. IS RESIDENCE ON A FARMS 3. NAME OF Middle 4. DATE Dev DECEASED Pablo Ortiz1961 March (Type or print) DEATH 7. MARRIED NEVER MARRIED KX 8 DATE OF BIRTH 19. AGE (In yeers : IF UNDER 1 YEAR 1918 Male (asi b Hhdey) | Months WIDOWED ! 0 VORCED 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stele or foreign country) 10a USUAL OCCUPATION (Give kind of work delired)
dela Dorer
Laborer 12. CITIZEN OF WHAT COUNTRY? Peurto Rico USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown Augustina Moralez permit. File This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO., 17. INFORMANT (Yno. or unknown) (Ifyes give wer or deless of service) 581-05-1657 August Augustine OrtizChestertown, Md. in pencil in Item 1 Examiner's Office along with a used as a burial-transit permi 18. CAUSE OF DEATH (finier only one cause per line for (e), (b), and (c). INTERVA. BETWEEN Gunshot Wound in neck Short DEATH DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which "pending" geve rise to immediate cause **DUE TO** (a), stating the underlying cause lest. cremation, PART II, OTHER S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(0) 19. WAS AUTOPS Y CERTIFICATION PERFORMED? 90 cate, writing the word Chief Medical NO I should 20e EXTENNAL CAUSE WAS PRIMARECE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Hem 18.) Was shot as the result of an argument Pure secure the care withing masse execute the care warded to the Chief Meston Evorent DIRECTOR: Page 3 show that the purish, prior to burish, 3/18 67 While Not Whiles L. factory, street office hide state, 20f. (City or town) 20c TIME OF INJURY\_ (County) (State) Not While Scotts Point · 1 SlouXXXX Chestertown Kent Md. et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection A. Inquiry and in my opinion agenf, I death resulted from. Natural causes Accident Suicide Homicide XX Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER Maanenig SIGNATURE EXAMINER'S ROBERT Chestertown, Md. NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 220. BURJAL, CREMATION, 226, DATE THEREOF 22d. LOCATION (City, lown, or country) DI 1961 Janes Cemetery Chestertown, Md. 0 ₫40 ö ADDRESS 24a, REC'D BY REGISTRAR | 24b, REG STRAR'S SIGNATURE FUNERAL DIRECTOR VS. A15ME MAR 2 2 '61 Chestertown, Md. Circhung & House DATE

LAND STATE DEPARTMENT OF HEALTH



## DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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te has been signed by burial-transit permit.

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certificate

detached

PLACE OF DEATH o. COUNTY

Kent

MARYLAND

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Maryland

**b.** COUNTY

Kent c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town)

b. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) Chestertown

c. LENGTH OF STAY IN 16 hrs. 20 min

Rock Hall d. STREET ADDRESS

e. 15 RESIDENCE ON A FARM? YES NO NO

Year

19 61

d. NAME OF HOSPITAL (If not in hospital, give street address)

OR INSTITUTION Kent & Queen Anne's Hospital

Susie

Middle none

Pletzer B. DATE OF BIRTH 4. DATE OF DEATH 9. AGE (In years

Month Day

Months

(Type or print) 5. SEX

NAME OF

DECEASED

6. COLOR OR RACE 7. MARRIED NEVER MARRIED Female White

WIDOWED |

DIVORCED [

10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country)

BO birthdoy)

Days 12. CITIZEN OF WHAT COUNTRY?

> INTERVAL BETWEEN 48 hours

IF UNDER 1 YEAR IF UNDER 24 HRS

during most of working life, even if retired) Housewife

14. MOTHER'S MAIDEN NAME

U.S.A.

13. FATHER'S NAME

George Miller

17. INFORMANT

Maryland

Unknown

Address

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

16. SOCIAL SECURITY NO

Mrs. Jesse Urie. Rock Hall. Md. (daughter).

1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY Pneumonia IMMEDIATE CAUSE (o) **DUE TO** (b)

Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost

**DUE TO** 

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. Cerebral hemorrhage

WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month,

q. m.

20d. INJURY OCCURRED Not while ot work of work

20e. PLACE OF INJURY (Home, form, 20f. (City or lown) factory, street, office bldg., etc.)

(Stote)

sow the deceased alive on

2). I certify that (I) (this haspital) attended the deceased from

19.61, and that death accurred of

PHYS. M.D.

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)

MED. STAFF PHYS.

M, from the couses and on the date stated above. 22b. DATE SIGNED

1961, that (1) (we) last

22c. PHYSICIAN'S NAME (Type

22o. SIGNATURE

A.C.Dick, M.D.

DATE THEREOF

23b.

**ATTENDING** 22d. ADDRESS

Chestertown, Md.

23d. LOGATION (City, town,

(Stote)

24. FUNERAL DIRECTOR'S SIGNATURE

BURIAL CREMATION.

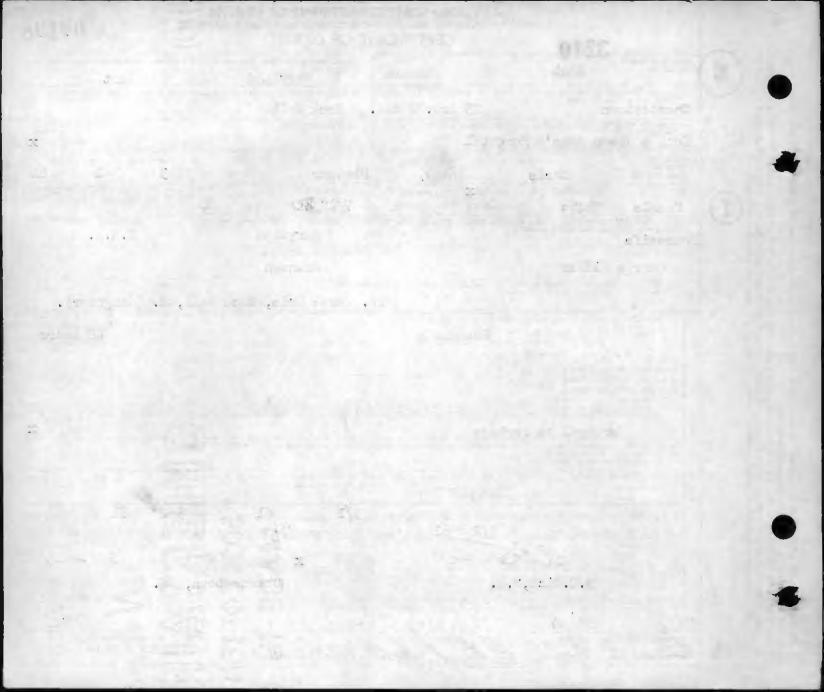
REMOVAL (Specify)

23c. NAME OF CEMETERY OR CREMATORY

25c. REC'D BY REGISTRAR DATEMAR 8 161

1961

AL DIRECTOR pe TO FUNER. page 3 VR A15 (4) 15M 9/59



(Stote)

(Stote

RURAL and give nearest town)

PLACE OF DEATH

o. COUNTY

CERTIFICATE OF DEATH

2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY

. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write
RURAL and givernearest town)	21/1	D \ \
CUpets strawn	1/2-days	(Kura) Chester

MARYLAND

d. NAME OF HOSPITAL (If not in hospital, give street address)

tow W e. IS RESIDENCE Y d. STREET ADDRESS

1	Kent	- Queen An	UNS HO	spital	1 12 2					YES 🗌	NO [
ľ	3. NAME OF DECEASED	Fi	rst	Middle	Last	4. DATE	Mon	th	Da	у Ү	Yeor
١	(Type or print)	Ethe)	1	ouise	Williams	DEATH	MANC	h	15	- 1	196
ı	5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDE	1 YEAR	IF UNDE	R 24 HI
	Temala	e White	WIDOWED	DIVORCED [	August 17.	1910	50 yrs.	Months	Doys	Hours	Min
I	10a. USUAL OCCUP	ATION (Give kind of work	done 10b, KIND	OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (Stole	or foreign o	country)	12.CI1	IZEN OF	WHATC	OUNTR

wring most of working life, even if retired)

MARYLAND

3. FATHER'S NAME	A	14. MOTHER'S MAIDEN NAME	
Carvoll	Williams	Abbie Book	21-

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address

	746		Masholan 115001-12	3100 1000 -177 11
_	PART I. DEATH WAS	ter only one couse per line for (a), (a) CAUSED BY: NATE CAUSE (a) RON		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, whi	ofe (	ical shock	2 days
7	couse (o), stating the underlying couse lost,	(c)		<b>v</b>
_	RAME II OTHER CLOSE	HEIGINANT CONDITIONS CONTRIBUT	TING TO DEATH BUT NOT BELATED TO THE TERMINIAL DISEASE CONDITION	I GIVEN IN PART I ALITO WAS ALITOPSY

PERFORMED? YES NO 14

200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) foctory, street, office bldg., etc.) Hour o. m. While Not while

at work of work p. m. 21. I certify that (1) (this haspital) attended the deceased fram. 3 - 13 1961, that (1) (we) last

saw the deceased alive an 3-15 and that death accurred at 5 M. from the causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING MED. STAFF PHYS.

M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type)

236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY or county) CREMATION.

ADDRESS 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE MAR 2 4 '61 DATE Curring S. Traces

irector, ed with filed y the funeral should be f campletely filled event, within 72 hours after death physician and please remove carban ottending g permit. has been signed the burial-transit ŏ certificate nould be detached for Board of Health prior DIRECTOR: A page 3 should the State Board TO FUNERAL

VR A15 (4) 1SM 9/59

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